

APPLICATION FOR PARTIAL WAIVER CHECKLIST

Use this checklist as a guide in determining required documentation.

APPLICATION SIGNED AND NOTARIZED _____

CHECK FOR \$300.00 _____

RECENT PHOTOGRAPH _____

ACTIVE PRACTICE AFFIDAVIT _____

PHOTOCOPY OF OPTOMETRY DIPLOMA _____

COPY OF ALL CURRENT STATE LICENSE _____

CONTINUING EDUCATION:

LETTER FROM BOARD STATING THEIR CE REQUIREMENTS AND THAT YOU HAVE MET THAT STATES REQUIREMENT _____

OR PROOF OF 54 HOURS _____

LICENSURE AFFIDAVITS FROM EVERY STATE WHERE YOU CURRENTLY HOLD OR HELD A LICENSE _____

MARYLAND LAW EXAM COMPLETED _____

DPA / TPA APPLICATION SIGNED AND NOTARIZED _____

CURRENT CPR CARD _____

RESUME/CV _____